

Certified Coding Specialist – Physician-Based (CCSP) Examination Content Outline

Number of Questions on Exam: 60 multiple-choice (Part 1) / 16 Medical Record Coding (Part 2)

Exam Time: 4 hours

DOMAIN I. Health Information Documentation (18%)

TASKS.

Knowledge of:

1. Locate appropriate source documents within the health record for coding or data collection.
2. Interpret health record documentation using knowledge of anatomy, physiology, clinical disease processes, pharmacology, and medical terminology to identify codeable diagnoses and/or procedures.
3. Determine when additional clinical documentation is needed to assign and/or validate the diagnosis and/or procedure code(s).
4. Consult with/query physicians and/or non-physician practitioners when additional information is needed for coding and/or to clarify conflicting or ambiguous information.
5. Consult clinical reference materials to enable interpretation of health information documentation.
6. Determine those elements of the documentation that are extraneous or unnecessary for coding purposes

DOMAIN II. ICD-9-CM Diagnosis Coding (24%)

TASKS.

Knowledge of:

1. Apply ICD-9-CM conventions, formats, instructional notations, tables, and definitions to select diagnoses, conditions, problems, or other reasons for the encounter.
2. Assign ICD-9-CM code by applying "Diagnostic Coding and Reporting Guidelines for Outpatient Services (Hospital-Based and Physician Office)".
3. Consult AHA Coding Clinic to assist in proper assignment of diagnostic codes.

DOMAIN III. CPT and HCPCS II Coding (24%)

TASKS.

Knowledge of:

1. Apply CPT guidelines, format, and instructional notes to select services, procedures, and supplies that require coding.
2. Assign CPT code(s) for procedures and/or services rendered during the encounter:
 - a. Evaluation and Management (E/M) services
 - b. Anesthesia
 - c. Surgery
 - d. Radiology
 - e. Pathology and Laboratory
 - f. Medicine
 - g. Category III
3. Apply HCPCS II guidelines and instructional notes to select services, procedures, drugs and supplies that require coding.
4. Assign HCPCS II codes for services, procedures, drugs and/or supplies provided.
5. Append modifiers to CPT and/or HCPCS II codes when applicable.

DOMAIN IV. Reimbursement (8%)

TASKS.

Knowledge of:

1. Create and maintain encounter form or charge tickets and/or electronic equivalents.
2. Apply bundling and unbundling guidelines (e.g., National Correct Coding Initiative [NCCI]).
3. Apply reimbursement methodologies for billing and/or reporting (e.g., OIG, CMS, Federal Register).
4. Link diagnosis code to the associated procedure code for billing or reporting.
5. Identify, post and submit charges for healthcare services based on documentation and payer guidelines.
6. Evaluate payer remittance or payment (e.g., RA, EOB, EOMB) reports for reimbursement and/or denials.
7. Process claim denials and/or appeals

DOMAIN V. Data Quality and Analysis (10%)

TASKS.

Knowledge of:

1. Validate accuracy and completeness of coded data by comparing the documentation to the encounter form or electronic equivalent.
2. Assess the quality of coding and billing using generated reports.
3. Verify the accuracy and completeness of the data on the claim.
4. Conduct coding and billing audits for compliance and trending.
5. Educate health care providers and/or staff regarding reimbursement methodologies, documentation rules and regulations related to coding.

DOMAIN VI. Information and Communication Technologies (6%)

TASKS.

Knowledge of:

1. Use computer systems to ensure data collection, storage, analysis and reporting of information.
2. Use common software applications (e.g., word processing, spreadsheets, email, encoders) in the execution of work processes.

DOMAIN VII. Compliance and Regulatory Issues (10%)

TASKS.

Knowledge of:

1. Apply policies and procedures for access to and disclosure of personal health information.
2. Release patient-specific data to authorized individuals.
3. Apply AHIMA Code of Ethics/Standards of Ethical Coding.
4. Recognize/report privacy issues/problems.
5. Protect data integrity and validity using software or hardware technology.
6. Participate in the development of coding policies to ensure compliance with official coding rules and guidelines.
7. Evaluate the accuracy and completeness of the patient record as defined by organizational policy and external regulations and standards (e.g., signature, teaching physician rules, PA co-sign requirements).
8. Recognize/report compliance concerns/findings.